

**DOCUMENT # 5**  
**Vermont Futures Project**  
**Handout - Recovery Programming Planning Meeting**  
**June 12, 2009**

**Population Served – 15 Bed Secure Recovery Residence (SRR)**

**Population Served**

A review of a sample of individuals currently being served at Vermont State Hospital who are representative of the population for whom this program is being designed suggests that potential residents may experience the following conditions:

- Individuals may continue to experience intrusive symptoms such as delusions of persecution in spite of inpatient treatment services;
- Individuals may experience significant cognitive impairment due to severe course of mental illness and multiple trauma experiences;
- Individuals mental status (cognition and emotion) may fluctuate with episodes of prominent symptoms such as hallucinations; in some instances the individual may experience the urge to be assaultive or self-destructive.
- Individuals may have stabilized psychiatrically but require enhanced psychosocial rehabilitative services to address persistent difficulties with independent living due to effects of mental illness and repeated trauma;
- Individuals may have stabilized psychiatrically but who require an extended length of stay and enhanced socio-legal supports and services due to ongoing legal involvement that prohibit discharge from a secure setting.

Treatment and recovery services provided at the SRR will be designed to address both intermediate term and long term lengths of stay of individuals who have severe mental illnesses. The proposed program will not be a nursing home. Individuals who require nursing home level of care and/or whose diagnosis is limited to dementia, mental retardation or developmental disability, are not intended for this facility. In addition individuals whose major diagnosis is traumatic brain injury, or who have cognitive deficit or dysfunction without co-occurring major mental illness, are not appropriate for this program.

The treatment focus of this program will be to encourage hope, promote recovery, and foster development of life skills needed to live in the next least restrictive level of care. Toward this end, individuals in the program may receive maintenance medications and various psycho-social and recovery-oriented services. The therapeutic clinical environment will make use of a Positive Behavioral Supports framework to encourage positive growth and learning.

**Clinical Commonalities**

Program residents are likely to have the following commonalities in clinical and related issues which would require support and / or program interventions:

- The need to regain hope and the belief that one can have positive experiences and satisfaction in life;
- History of substance use which negatively impacts functioning.

- History of interrupted treatment relationships, distrust of formal services, and the experience of having gained little benefit from medications or other treatment services;
- Trauma in childhood or as adult (hospital, jail)
- Ongoing legal involvement
- Need for the opportunity to learn skills of self management including:
  - How to develop and maintain positively rewarding relationships with family and other people in the community
  - How to counter-balance lingering symptoms of psychosis (e.g., paranoia) with basic skills of daily living and community life
  - How to self-soothe when faced with strong emotions
  - Learning alternative coping skills to replace ones that may be damaging (e.g., self-harming behavior)
  - How to resolve conflicts
  - How to positively cope with sensitivity to high (or low) stimuli in the environment
  - How to form positive social connections with other people
  - How to have enhanced empathy for others
  - How to overcome long term impacts of disability and institutionalization that limit motivation to set and attain goals
  - How to obtain social support from family and institutional community relationships.

In addition to these commonalities, differences among participants will also exist, primarily relating to (1) level of clinical stability, (2) readiness for change and engagement in the recovery process and (3) level of independence or need for structure.

### **Assumptions**

- Recovery can occur even in the presence of symptoms of mental illness.
- Every person can engage in the recovery process by reclaiming hope, building skills, and creating a meaningful life based on his or her own personal goals.
- Relapse is a normal occurrence in the process of recovery.
- Safety is possible and expected for all participants.

### **Importance of Connecting Individuals to Community Supports**

Many of the individuals who will live in the SRR may have lost their connections to family and community. A key element of recovery is to assist individuals achieve viable connections with the world beyond the SRR. Accordingly, building community connections to facilitate discharge planning will commence with admission and become an integral part of treatment planning. Program staff will work with community resources to develop and support sustainable plans according to the individual's particular situation and level of readiness.

### **The Importance of Peer Supports**

Individuals who have lived the experience of mental illness are often able to communicate in ways that professional providers cannot, and thereby open the door to recovery. A key element of this process, according to individual readiness, is to provide SRR residents with multiple opportunities to connect with peers in and outside of the program. The SRR clinical program will explore, expand and implement ways to best use peer services toward this end.

**Staffing**

Services will be interdisciplinary, focused on recovery, and will be provided through collaboration of multiple disciplines including nursing, psychiatry (in consultation with primary care as needed), psychology, social work, vocational counselors, and activities and recreational therapists. Current best estimates are that approximately 68.1 clinical FTE's will be required to staff a single floor newly constructed facility. (This number represents the estimated total of individuals required to provide coverage 24 hours a day, 7 days a week, and includes calculations for annual leave and absences due to illnesses, etc.) Staff will be organized to work collaboratively as a clinical team. The individual residents served will be considered essential members of their treatment team.

**The Importance of Environmental Design in Support of Clinical Programming**

***Environmental design should support recovery:*** The atmosphere should be welcoming and aesthetically attractive. Room design, colors, decoration, access to natural light, open and private spaces should all foster a sense of hope and convey the idea that the residents are people who are valuable and capable of achieving a more satisfactory life than they may have previously experienced.

***The architectural design should balance individual freedom and safety:*** The architectural design for the facility will be required to balance the tensions inherent in creating a locked facility that seeks to maximize safety on the one hand and individual freedom of movement on the other. Ways will need to be found to optimize the individual's sense of freedom in a contained space. Freedom of movement will need to be balanced against the clinical requirement of closed unit clusters when these are needed, versus the recovery requirements of individuals for privacy and their own personal space.

***The architectural design should support growth and learning:*** The design should support the culture of learning and foster opportunity for appropriate social interaction, and include spaces for interaction with people from outside the SRR.

***The architectural design should permit separation of groups:*** As treatment program planning and architectural design proceed these ideas will be tested against the functional competencies of the residents. Given the likelihood that there will be distinct differences among subgroups of the population, it will be necessary to have the ability to provide some separation of groups for at least some aspects of daily living. At times this may mean having differential programming on the units. One key consideration is the ability to separate those who might be aggressive or highly agitated from the rest of the population to prevent harm. Separation of sub-groups will also be important to assure that individuals with a history of abusive treatment by others are not further traumatized by contact with individuals prone to aggressive, assaultive behavior.

***The architectural design should permit different levels of programming and security:*** At the same time, some fluidity in the structure of the environment is necessary to support the expectation that residents will change and recover and that risk behaviors will diminish as recovery progresses. A Positive Behavioral Supports framework for behavioral expectations will be employed to support safe and appropriate social behaviors in shared spaces. It is recommended that the structure have separate living units or hallways but also common dining, treatment, leisure and recreation areas.

**Suggested Design Features**

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Following is a partial list of design features that arise from these considerations. The list was generated through conversations with providers, consumers and family members. It is expected that other ideas will emerge as other patients, providers, consumers, family members and stakeholders provide input to the design development process.

- The building entry should open into an expansive and welcoming space.
- Residents should have single bedrooms and baths.
- The nursing staff should have line-of-site capacity to observe unit activity.
- The residential space should be designed as clusters that can be closed off from other units according to the treatment needs of particular groups.
- There should be welcoming visiting areas of sufficient number to foster re-engagement with family and community contacts.
- Each residential area should have kitchenettes and personal laundry facilities to foster a home-like atmosphere and permit learning of home-care skills.
- Private residential areas should be separate from the more public (visiting, recreation, dining, programming, etc.) spaces.
- The design of the building should maximize the use of natural light.
- There should be easy access to a secure, outdoor green space.
- The outdoor space should be designed with some covered walk areas to permit residents to go outdoors in winter.
- The design should permit easy access to staff from all locations.
- Clinical staff offices should be located near residential spaces for easy resident access.
- The building design should maximize physical safety.
- There should be areas devoted to use as:
  - Computer Lab
  - Class room / educational activities / vocational skills development
  - Quiet spaces ( in addition to own room)
  - Calming Rooms for de-escalation and self-management
  - Staff quiet rooms separate from workspaces